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SUBJECT: INFORMATION ON AVIAN AND PANDEMIC FLU - SURINAME

REFS: (A) STATE 209622 (B) PARAMARIBO 692

(U) In response to ref A, the following information is provided on avian and pandemic influenza detection, prevention and response in Suriname:

PREPAREDNESS/COMMUNICATION

1Q. (U) Does the government have a preparedness plan/strategy for preventing avian flu from becoming a pandemic and containing a pandemic once it occurs? If the country has a strategy, how capable is it of implementing it?

1A. (U) Plans for avian flu detection and prevention seem to be focused initially on efforts by Suriname's Agricultural Ministry (LVV) to detect the potential outbreak in poultry and export birds. The heightened concern is due to the recent news that a Suriname parrot in quarantine at London's Heathrow airport was allegedly infected with the deadly H5N1 strain--although it was later determined that the bird was infected by Taiwanese birds also in quarantine (see ref B). The incident has made government and industry acutely aware of the economic consequences which can result if the disease is not addressed. A broader national strategy is being developed in cooperation with representatives from the Pan American Health Organization (PAHO). Suriname is presently preparing a contingency plan for the threat of pandemic avian influenza, which will include provisions for potential human-to-human transmission of the virus. Planning is still in the early stages. Post will forward a copy of the plan as soon as it is made available.

1Q. (U) How truthful will the government be in reporting the scope of any disease outbreak among people? Among animals? What incentives could be offered that would likely result in more transparency?

1A. (SBU) The Government of Suriname does not have a good record of communicating information to its citizens. The Ministry of Public Health would have responsibility for reporting human outbreak, but their track record has been spotty, based on the recent handling of an increased incidence of dengue fever cases this year, for which the government has received criticism for lack of an adequate response. Belatedly, the government, in cooperation with PAHO, launched a well-publicized awareness campaign stressing prevention measures (clearing garbage and standing water) and symptoms of dengue fever. In the case of animal outbreak, the LVV would assume reporting responsibility. There is always the possibility that reports issued by government officials may be filtered for political reasons.

1Q. (U) Where does preparing for an avian flu human pandemic rank among government priorities? Who and what would influence the country to give the issue a higher priority? Who is the key "go-to" person, office or department?

1A. (U) Currently, avian flu is fairly low on the list of priorities of the Suriname government; however, there is heightened awareness, particularly within the Agricultural Ministry which has stepped up testing of animals. The government, following PAHO's lead, seems to be taking the potential threat more seriously. The responsibility of implementing the plan in the case of a pandemic lies with the Director of Public Health, Dr. Martheliese Eersel, whose office is in the Ministry of Public Health. The go-to person in the LVV is Dr. Edmund Rozenblad, Director of Animal Production and Health.

1Q. (U) Have national laws been reviewed to ensure that they are consistent with the international health regulations and do not pose barriers to avian influenza detection, reporting, containment, or response?

1A. (U) National laws generally conform to international standards. The largest barrier to avian flu detection, reporting, containment and response is a lack of financial resources.

1Q. (U) Is the host country already working with international organizations or other countries on the avian flu issue? Are government leaders likely to ask for assistance from the U.S. or other countries? Would government leaders be receptive to messages from U.S. leaders through a bilateral approach, at a multilateral forum such as the UN (WHO, FAO, etc.) or APEC, or through bilateral contacts by a third country?

1A. (U) A multi-ministerial and disciplinary task force has been established, headed by the Ministry of Public Health. World Health Organization (WHO) and PAHO are working closely with the Ministry; both organizations are members of the task force. Other UN agencies in Suriname are investigating what additional support they can provide to Suriname, both in the preparedness phase and in the case of a possible pandemic. In the event of an outbreak, the government would likely ask for assistance from the EU, the U.S. and international organizations. The government is receptive to messages from U.S. leaders and experts, and would be willing to participate in multilateral fora. However, communication and coordination between home ministries and representatives to International Organizations is sometimes problematic.

1Q. (U) Does the country currently administer annual flu shots? If not, might it consider doing so? What is the production capability for human influenza vaccines in the country? Does the country produce influenza vaccine for poultry?

1A. (U) Suriname does not administer flu vaccinations for humans, nor do they produce vaccines. It might consider widespread administration if stocks of the vaccine were available. Outside of the major metropolitan area of Paramaribo the medical infrastructure is underdeveloped and a mass vaccination program would tax the country's resources.

1Q. (U) How well informed is the population about the avian flu threat and about measures they should take to mitigate the threat? What mechanisms are available for providing additional information to the population, particularly in rural areas and how effective are these measures?

1A. (U) Avian influenza receives very little press coverage in local media, apart from the incident involving the Surinamese parrot. Residents in the country's interior would need to be informed through medical missions (semi-private health clinics associated with city hospitals). There is some experience with earlier efforts to improve the public's awareness of HIV/AIDS.

SURVEILLANCE/DETECTION

1Q. (U) How capable are the medical and agriculture sectors of detecting a new strain of influenza among people or animals respectively? How long might it take for cases to be properly diagnosed, given other endemic diseases? Can influenza viruses be subtyped in the country, if so by who, and if not, where are they sent? Does the country send samples to a WHO/EU/U.S. reference laboratory?

1A. (U) Medical and agricultural staff are currently incapable of detecting new strains of the influenza virus. In the case of dengue fever, samples are sent to the Caribbean Epidemic Center (CAREC) in Trinidad for testing to confirm suspected cases, with results returned in two to three weeks. Businesses in the agricultural and trade sectors, as well as officials in the LVV, appear willing to conduct regular tests in order to detect the virus in animals, but equipment and other resources are inadequate. Birds for export, because of stricter international standards, are tested for avian flu, using testing kits received from Canada (see ref B), but the procedure has yet to be applied to poultry or other animals.

1Q. (U) What are the critical gaps that need to be filled in order to enhance the country's disease detection and outbreak response capabilities? What is the country's greatest need in this area from the U.S. or international organizations?

1A. (U) The government is willing to enhance their capability for disease detection; however, Suriname is in need of the proper equipment. There is currently one ELISA machine in the country, used for HIV/AIDS testing. Ideally, in order to accommodate avian flu testing, the testing agency would have at least two machines, one to serve as a back-up if/when the primary machine is under maintenance or repair. A limited supply of test kits from Canada is also currently available in Suriname.

RESPONSE/CONTAINMENT

Q. (U) Does the country have a stockpile of medications, particularly of antivirals, and if so how much? If some has been ordered, how much and when is it expected?

A. (U) There is no stockpile of antivirals, and no medications have been ordered.

Q. (U) Does the country have a stockpile of pre-positioned personal protective gear?

A. (U) Some protective gear is available, but the quantity and quality are largely inadequate.

Q. (U) What is the rapid response capacity for animal and human outbreaks? Are guidelines in place for the culling and vaccination of birds, disinfection of facilities, and limitations on animal movement?

A. (U) There is little experience with mass culling and vaccination, so response is likely to be very slow initially. Suriname would likely seek international assistance to engage in a large-scale response.

Q. (U) How willing and capable is the government of imposing quarantines and social distancing measures (closing schools, public gatherings, mass transit)? Would its military enforce quarantines?

A. (U) It is uncertain whether the government, which has not had any experience with an event of this nature, would be capable of implementing quarantine or social distancing measures. The military would likely play a role, as the National Disaster Coordination Center falls under the purview of the Surinamese military.

BARNES

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